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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations Fax Number : (850)617-6380

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> **REGISTERED AGENT CHANGE** SALO R. SCHAPIRO, M.D., P.A.

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Corporate Filing Menu Electronic Filing Menu

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:

Name of Corporation

126690 DOCUMENT NUMBER:

) / The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

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Please return all correspondence concerning this matter to the following:

4.5 周期 111 年二日

Salo R. Schapiro, M.D.

Name of Contact Person

Salo R. Schapiro, M.D., P.A.

Firm/Company

2499 Glades Road, Suite 114

Boca Raton, FL 33431

City/State and Zip Code

salo2499@yahoo.com

E-mail address: (to be used for future annual report notification)

: :

Address

For further information concerning this matter, please call:

Salo Schapiro	•	561	361-9559
Name of Contact Person		_ at (Area Code d) & Daytime Teicphone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

FLOOP - 05/21 2411 Webset Klower Online

3/19/2015 12:30:34 From: To: 8506176380

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes. this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Salo R. Schupino, M.D., P.A.

2. The principal office address: 2499 Glades Road, Suite 114, Boca Raton, FL 33431

3. The mailing address (if different):_

4. Date of incorporation/qualification: 03/24/1981 Document number: F26690

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

L. Ploucha c/o Flower White Boggs P.A.

1200 East Las Olas Blvd, Suite 500

Fort Lauderdale, FL 33301

The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Dox NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Sign of an olliger of director

SALO R. SCHAPIRO MINICO OF LYDERI PODME AND TABLE A

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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of two divies, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

T Corporation System By: LAan

Typed or Printed Name

If signing on behalf of an entity:

MARGARET E. ROUTZAHN Special Assistant Secretary

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)